

Case Number:	CM15-0185031		
Date Assigned:	09/25/2015	Date of Injury:	07/09/2013
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male with an industrial injury dated 07-05-2013, cumulative trauma 08-20-2012, 08-20-2013. Medical record review indicates he is being treated for recent arthroscopic meniscectomy and debridement of the left knee, gastroesophageal reflux, left ankle sprain and psychiatric diagnosis. In the internal medicine progress report dated 08-18-2015, the treating physician documented gastrointestinal consult and ultrasound of the abdomen was pending. Objective findings are documented as "no change from previous exam." The medical records do not indicate subjective abdominal complaints or abdominal exam. There is a progress note dated 07-29-2015 with a request for physical therapy to left ankle 3 times a week for 4 weeks. Subjective and objective findings are not indicated in this note. Prior treatments include medications. Other prior treatments for the left ankle are not indicated. Ultrasound of the abdomen; Physical therapy 3 x a week for 4 weeks for the left ankle; Citrucel 1-2 mg, #120 with 1 refill; On 09-09-2015 utilization review denied the request for the following treatment: Ultrasound of the abdomen; Physical therapy 3 x a week for 4 weeks for the left ankle; Citrucel 1-2 mg, #120 with 1 refill;

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Citrucel 1-2mg, #120 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, under dietary fiber.

Decision rationale: The patient presents with left knee pain and depression. The request is for CITRUCEL 1-2MG, #120 WITH 1 REFILL. Patient is status post left knee surgery, 07/21/15. Physical examination to the left knee on 09/21/15 revealed tenderness to palpation to the medial and lateral patellar facet and medial joint line. The patient walked with a left lower extremity antalgic gait. Patient's treatments have included medication, physical therapy, psychiatric treatment, and acupuncture. Per 09/21/15 Request for Authorization form, patient's diagnosis includes gastroesophageal reflux. Patient's medications, per the same RFA, include Prilosec, Gaviscon, and Citrucel. Per 09/09/15 progress report, patient is temporarily totally disabled for 6 weeks. Citrucel is a proprietary dietary fiber supplement; ODG Diabetes chapter has the following under dietary fiber: Recommended for the prevention and treatment of type 2 diabetes. The favorable effect of various fibers and particularly of psyllium on body weight reduction and satiety, on cholesterol and tryglycerides levels, on fasting glycaemia and on blood pressure suggests a potential role of these fibers in the treatment of metabolic syndrome, a condition that identifies patients who are at high risk of developing type 2 diabetes. (Giacosa, 2010) According to one article, minimum fiber intake of 25 g/d based on a diet rich in whole grains, fruits and legumes will probably decrease the risk of obesity, metabolic syndrome and type 2 diabetes. The treater has not discussed this request. Review of the medical records provided did not indicate prior use of this medication and it appears that the treater is initiating it. About the request for fiber supplementation, the patient does not meet guideline criteria. ODG supports fiber supplementation in diabetic patients as they have a beneficial effect on blood glucose levels and overall GI function. However, this patient does not present with a formal diagnosis of diabetes and therefore does not meet guideline criteria for fiber supplementation. Without a clear rationale as to why this medication is being prescribed, or evidence that this patient is in fact diabetic, this supplement cannot be substantiated. The request IS NOT medically necessary.

Ultrasound of the abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am College of Radiology(ACR) guidelines on U/S of Abdomen indications.

Decision rationale: The patient presents with left knee pain and depression. The request is for ULTRASOUND OF THE ABDOMEN. Patient is status post left knee surgery, 07/21/15. Physical examination to the left knee on 09/21/15 revealed tenderness to palpation to the medial and lateral patellar facet and medial joint line. The patient walked with a left lower

extremity antalgic gait. Patient's treatments have included medication, physical therapy, psychiatric treatment, and acupuncture. Per 09/21/15 Request for Authorization form, patient's diagnosis includes gastroesophageal reflux. Patient's medications, per the same RFA, include Prilosec, Gaviscon, and Citrucel. Per 09/09/15 progress report, patient is temporarily totally disabled for 6 weeks. MTUS, ACEOM and ODG guidelines do not address Abdominal Ultrasound. Am College of Radiology (ACR) guidelines on U/S of Abdomen indications include abdominal, flank, and/or back pain, palpable abnormalities of the abdomen, abnormal lab values, search for mets, abdominal trauma, etc. The treater has not specifically addressed this request. Per RFA dated 09/01/15, patient's diagnosis includes gastroesophageal reflux. ACR Guidelines recommend ultrasound for abdominal pain, palpable abnormalities of the abdomen, abnormal lab values, abdominal trauma. In this case, the treater has not documented any abdominal pain, evidence of bulging masses, or other symptoms indicative of abdominal abnormalities. This request is not in accordance with guideline recommendations, and therefore, IS NOT medically necessary.

Physical therapy 3x a week for 4 weeks for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with left knee pain and depression. The request is for PHYSICAL THERAPY 3x A WEEK FOR 4 WEEKS FOR THE LEFT ANKLE. Patient is status post left knee surgery, 07/21/15. Physical examination to the left knee on 09/21/15 revealed tenderness to palpation to the medial and lateral patellar facet and medial joint line. The patient walked with a left lower extremity antalgic gait. Patient's treatments have included medication, physical therapy, psychiatric treatment, and acupuncture. Per 09/21/15 Request for Authorization form, patient's diagnosis includes gastroesophageal reflux. Patient's medications, per the same RFA, include Prilosec, Gaviscon, and Citrucel. Per 09/09/15 progress report, patient is temporarily totally disabled for 6 weeks. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treater has not discussed this request. The patient is status post left knee surgery and continues with pain in the left knee. Review of the medical records provided did not indicate any subjective or objective complaints in regards to the left ankle. Furthermore, the guidelines recommend up to 10 sessions of physical therapy and the request for 12 sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.